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FACSIMILE COVER SHEET

June 26, 2006

Receiver: Examiner: Lo, S./ Art Unit: 2128
USPTO

FAX #: (571) 273-8300

Sender: Leslie Russell, Patent Secretary for:
Godfrey K. Kwan

Your Ref. No.: 10/693,546

Our Ref. No.: ALTRP098/A1185

Re: Amendment A

Pages Including Cover Sheet(s): 9

Fax Contents:

Fax Cover Sheet - 1 Page
Amendment Transmittal - 1 Page
Amendment A - 7 Pages

MESSAGE:

CONFIDENTIALITY NOTE

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JUN 26 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John R. Chase

Attorney Docket No.: ALTRP098/A1185

Application No.: 10/693,546

Examiner: Lo, S.

Filed: October 23, 2003

Group: 2128

Title: METHODS AND APPARATUS FOR
AUTOMATED TESTBENCH GENERATION**CERTIFICATE OF FACSIMILE TRANSMISSION:**

I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office, Commissioner for Patents, Attn: Examiner Lo, Fax No. (571) 273-8300, Alexandria, VA 22313-1450 on June 26, 2006.

Signed: 

Leslie Russell

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

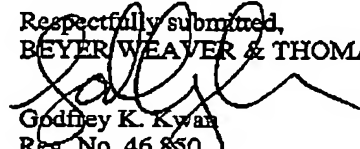
Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	27	MINUS	27	0	x 25 =	x 50 = 0
Independent Claims	3	MINUS	3	0	x 100 =	x 200 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$0.00

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. ALTRP098).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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JUN 26 2006

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Signed: 

Leslie Russell

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action dated March 24, 2006, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.